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CONFIRMATION NO. 4863

<b>SERIAL NUMBER</b> 09/932,371	<b>FILING OR 371(c) DATE</b> 08/17/2001 <b>RULE</b>	<b>CLASS</b> 706	<b>GROUP ART UNIT</b> 2129	<b>ATTORNEY DOCKET NO.</b> 11323.0007
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/279,870 03/29/2001 and claims benefit of 60/226,401 08/18/2000

OFR

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NONE OFR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*  
 09/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance/ Verified and Acknowledged Examiner's Signature: <i>Amos</i> <i>Fandy</i> <i>hino</i> Initials: <i>OFR</i>				

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**TITLE**

Medical information system, method and article of manufacture

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